

FILED FEB 9 1948 **318**
Registration District No. _____

Primary Registration District No. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **2 1/2 hours**
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **avo**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **717 N Leonard**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fred Goodlowe**
(b) If veteran, _____ name war _____
(c) Social Security No. _____

4. Sex **Male** 2
5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 3rd 1898**
(Month) (Day) (Year)

8. AGE: Years **49** Months **4** Days **24**
If less than one day _____ hr. _____ min.

9. Birthplace **Pine Bluff Ark**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

MOTHER FATHER
11. Industry or business _____
12. Name **Print Goodlowe**
13. Birthplace **Pine Bluff Ark**
(City, town, or county) (State or foreign country)
14. Maiden name **Fannie Hunter**
15. Birthplace **Pine Bluff Ark**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie McCoy**
(b) Address **719 N Leonard Ave**

17. (a) **burial** (b) Date thereof **2-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. J. Handley & Son**
(b) Address **3133 Bell Ave**
19. (a) **2-2-48** (b) **J. J. Brueck**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **27**
year **1948** hour **5** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Jan. 26** 19 **48** to **Jan. 27** 19 **48**;
that I last saw him alive on **Jan. 27** 19 **48**
and that death occurred on the date and hour stated above.
Duration _____

Immediate cause of death **Cardiac Hypertrophy - Hypertensive Undet**

Due to _____
Due to **950**

Other conditions **Lungs: Congestion & Edema**
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings:
Of operations _____
Of autopsy **Yes**
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Oliver L Daniels** (M. D. or other) _____
Address **2601 N Whittier** Date signed **1/29/48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

....., Registered Apprentice No.
working under my personal supervision.

Signed

J. J. Atson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.